

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

| PLACE OF BIRTH   |  | ARIZONA STATE BOARD OF HEALTH                             |                                 |
|--|--|---|---------------------------------|
| 1. County of <u>Gila</u>   | BUREAU OF VITAL STATISTICS   |   | State Index No. <u>179</u>      |
| District of <u>Inspration</u>  | ORIGINAL CERTIFICATE OF BIRTH  |   | County Registrar No. <u>251</u> |
| Town of <u>Inspration</u>  |  |   | Local Registrar No. _____       |
| or _____   |  |   |                                 |
| City of _____  | (If birth occurred in a hospital or institution, give its NAME instead of street and number) |   | St. _____ Ward _____            |
| 2. Full name of child <u>Raymond Joseph Uptain</u>   |  |   |                                 |
| If child is not yet named, make supplemental report, as directed.  |  |   |                                 |
| 3. Sex of Child <u>male</u>  | To be answered ONLY in event of plural births.   | 4. Twin, triplet or other _____                           | 5. Legitimate? <u>yes</u>       |
| 6. No., in order of birth _____  |  | 7. Date of birth <u>Mar. 28, 1924</u>                     |                                 |
| Month _____ Day _____ Year _____   |  |   |                                 |
| 8. FATHER  |  | 14. MOTHER  |                                 |
| Full name <u>Joseph Parley Uptain</u>  |  | Full maiden name <u>Nina Fay Blum</u>                     |                                 |
| 9. Residence (Usual place of abode) <u>Inspration</u>  |  | 15. Residence (Usual place of abode) <u>Inspration</u>    |                                 |
| If nonresident, give place and state _____   |  | If nonresident, give place and state _____                |                                 |
| 10. Color or race <u>White</u>   |  | 16. Color or race <u>White</u>                            |                                 |
| 11. Age at last birthday <u>21</u> (Years)   |  | 17. Age at last birthday <u>18</u> (Years)                |                                 |
| 12. Birthplace (city or place) <u>Arizona</u>  |  | 18. Birthplace (city or place) <u>Miami, Ariz.</u>        |                                 |
| (State or country)   |  | (State or country)  |                                 |
| 13. Occupation <u>miner</u>  |  | 19. Occupation <u>House wife</u>                          |                                 |
| Nature of industry   |  | Nature of industry  |                                 |
| 20. Number of children of this mother  |  | 21. Were precautions taken against ophthalmia neonatorum? |                                 |
| (Taken as of time of birth of child herein certified and including this child.)  |  | <u>yes</u>  |                                 |
| (a) Born alive and now living <u>2</u>   |  |   |                                 |
| (b) Born alive but now dead <u>0</u>   |  |   |                                 |
| (c) Stillborn <u>0</u>   |  |   |                                 |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*   |  |   |                                 |
| I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.  |  |   |                                 |
| (Born alive or stillborn.)   |  |   |                                 |
| *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. |  | Signature <u>L. M. Tompkins M.D.</u>                      |                                 |
| Address _____  |  | (Physician or midwife)                                    |                                 |
| Given name added from _____  |  | Filed <u>4-1</u> 19 <u>24</u> <u>B. G. Joy</u>            |                                 |
| a supplemental report _____  |  | Local Registrar.  |                                 |
| Month, day, year. _____  |  | Filed <u>4-6</u> 19 <u>24</u> <u>B. G. Joy</u>            |                                 |
| Registrar. _____   |  | County Registrar. _____                                   |                                 |

942-328-535